FOR OHF USE

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0011593

Facility Name: Mendota Lutheran Home

Address: 500 6th Street (Number) Mendota (City) 61342 (Zip Code)

County: LaSalle

Telephone Number: 815-539-7439 **Fax #** 815-538-3400

IDPA ID Number: 362212706001

Date of Initial License for Current Owners: 1952

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact
Name: Chris S. Csernus **Telephone Number:** 815-539-7439

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/02 to 12/31/02 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) Chris S. Csernus

(Title) Administrator

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title) Carrie E. Echols, CPA, President

(Firm Name & Address) Bokus & Echols, P.C., 609 Main Street, Suite B, Mendota IL 61342

(Telephone) 815-539-5666 Fax # 815-539-5665

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	119	Intermediate (ICF)	119	43,435	3
4		Intermediate/DD			4
5	14	Sheltered Care (SC)	14	5,110	5
6		ICF/DD 16 or Less			6
7	133	TOTALS	133	48,545	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF	10,235	30,117		40,352	10
11	ICF/DD					11
12	SC		2,238		2,238	12
13	DD 16 OR LESS					13
14	TOTALS	10,235	32,355		42,590	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.73%

D. How many bed-hold days during this year were paid by Public Aid?
117 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location
Date started 12/2//1953

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [X] If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year YES [X] NO [ ]

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basi

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	290,663	49,350	7,966	347,979		347,979	(5,956)	342,023			1
2	Food Purchase		318,650		318,650		318,650	(11,913)	306,737			2
3	Housekeeping	114,019	30,744		144,763		144,763		144,763			3
4	Laundry	76,034	10,036		86,070		86,070		86,070			4
5	Heat and Other Utilities			123,793	123,793		123,793	(1,209)	122,584			5
6	Maintenance	66,045	25,044	11,684	102,773	4,596	107,369	(1,731)	105,638			6
7	Other (specify):*											7
8	**TOTAL General Services**	546,761	433,824	143,443	1,124,028	4,596	1,128,624	(20,809)	1,107,815			8
	B. Health Care and Programs											
9	Medical Director			9,000	9,000		9,000		9,000			9
10	Nursing and Medical Records	2,210,314	120,564	211,961	2,542,839		2,542,839	(7,936)	2,534,903			10
10a	Therapy											10a
11	Activities	80,526	7,025	1,819	89,370		89,370		89,370			11
12	Social Services	51,501	264	1,331	53,096		53,096		53,096			12
13	Nurse Aide Training	34,605	4,611	90	39,306		39,306	(12,365)	26,941			13
14	Program Transportation		6,680		6,680		6,680	(1,474)	5,206			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,376,946	139,144	224,201	2,740,291		2,740,291	(21,775)	2,718,516			16
	C. General Administration											
17	Administrative	75,020		1,774	76,794		76,794		76,794			17
18	Directors Fees											18
19	Professional Services			18,513	18,513		18,513		18,513			19
20	Dues, Fees, Subscriptions & Promotion			38,186	38,186		38,186	(19,513)	18,673			20
21	Clerical & General Office Expenses	135,631	12,699	11,803	160,133		160,133	(112)	160,021			21
22	Employee Benefits & Payroll Taxes			525,521	525,521		525,521	(2,179)	523,342			22
23	Inservice Training & Education			1,890	1,890		1,890		1,890			23
24	Travel and Seminar			9,633	9,633		9,633		9,633			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			78,887	78,887		78,887	(533)	78,354			26
27	Other (specify):*											27
28	**TOTAL General Administration**	210,651	12,699	686,207	909,557		909,557	(22,337)	887,220			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,134,358	585,667	1,053,851	4,773,876	4,596	4,778,472	(64,921)	4,713,551			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Mendota Lutheran Home #0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			294,564	294,564		294,564	(2,196)	292,368			30
31	Amortization of Pre-Op. & Org			14,149	14,149		14,149	(14,149)				31
32	Interest			5,111	5,111		5,111	(5,111)				32
33	Real Estate Taxes			3,675	3,675		3,675	(3,675)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			13,550	13,550	(4,596)	8,954		8,954			35
36	Other (specify):*											36
37	**TOTAL Ownership**			331,049	331,049	(4,596)	326,453	(25,131)	301,322			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops		28,499		28,499		28,499	(28,499)				40
41	Coffee and Gift Shops		2,111		2,111		2,111	(2,111)				41
42	Provider Participation Fee			65,153	65,153		65,153		65,153			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		30,610	65,153	95,763		95,763	(30,610)	65,153			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,134,358	616,277	1,450,053	5,200,688		5,200,688	(120,662)	5,080,026			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Program				3
4	Non-Patient Meals	(17,869)	1,2		4
5	Telephone, TV & Radio in Resident Room				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(19,260)	31,32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(19,027)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employee	(12,365)	13		27
28	Yellow Page Advertising	(486)	20		28
29	Other-Attach Schedule See Schedule Page 5A	(51,655)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (120,662)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (120,662)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Programs		X			44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Mendota Lutheran Home

ID# 0011593

Report Period Beginning: 01/01/02

Ending: 12/31/02

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	OTHER	$		1
2	Rental Property Utilities	(1,209)	Ln 5	2
3	Rental Property Maintenance	(1,731)	Ln 6	3
4	Reimbursement of Nursing Supplies	(7,936)	Ln l0	4
5	Receipts from using van	(1,474)	Ln 14	5
6	Receipts from copies & rebates	(112)	Ln 21	6
7	Workers Comp audit refund	(1,839)	Ln 22	7
8	Receipt from employee flu shots	(340)	Ln 22	8
9	Insurance on rental property	(533)	Ln 26	9
10	Depreciation on rental property Pg 13 item F	(1,932)	Ln 30	10
11	Drpreciation on Tree of Life Pg 13 item F	(264)	Ln 30	11
12	Rental property Real Estate Taxes	(3,675)	Ln 33	12
13	Barber & Beauty Shop	(28,499)	Ln 40	13
14	Gift Shop	(2,111)	Ln 41	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(51,655)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Mendota Lutheran Home # 0011593 **Report Period Beginning:** 01/01/02 **Ending:** 12/31/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	(17,869)	0	0	0	0	0	0	0	0	0	0	(17,869)	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,209)	0	0	0	0	0	0	0	0	0	0	(1,209)	5
6	Maintenance	(1,731)	0	0	0	0	0	0	0	0	0	0	(1,731)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(20,809)	0	0	0	0	0	0	0	0	0	0	(20,809)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(7,936)	0	0	0	0	0	0	0	0	0	0	(7,936)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	(12,365)	0	0	0	0	0	0	0	0	0	0	(12,365)	13
14	Program Transportation	(1,474)	0	0	0	0	0	0	0	0	0	0	(1,474)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(21,775)	0	0	0	0	0	0	0	0	0	0	(21,775)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(19,513)	0	0	0	0	0	0	0	0	0	0	(19,513)	20
21	Clerical & General Office Expenses	(112)	0	0	0	0	0	0	0	0	0	0	(112)	21
22	Employee Benefits & Payroll Taxes	(2,179)	0	0	0	0	0	0	0	0	0	0	(2,179)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(533)	0	0	0	0	0	0	0	0	0	0	(533)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(22,337)	0	0	0	0	0	0	0	0	0	0	(22,337)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(64,921)	0	0	0	0	0	0	0	0	0	0	(64,921)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Mendota Lutheran Home # 0011593 **Report Period Beginning:** 01/01/02 **Ending:** 12/31/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(2,196)	0	0	0	0	0	0	0	0	0	0	(2,196)	30
31	Amortization of Pre-Op. & Org.	(14,149)	0	0	0	0	0	0	0	0	0	0	(14,149)	31
32	Interest	(5,111)	0	0	0	0	0	0	0	0	0	0	(5,111)	32
33	Real Estate Taxes	(3,675)	0	0	0	0	0	0	0	0	0	0	(3,675)	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(25,131)	0	0	0	0	0	0	0	0	0	0	(25,131)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	(28,499)	0	0	0	0	0	0	0	0	0	0	(28,499)	40
41	Coffee and Gift Shops	(2,111)	0	0	0	0	0	0	0	0	0	0	(2,111)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	(30,610)	0	0	0	0	0	0	0	0	0	0	(30,610)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(120,662)	0	0	0	0	0	0	0	0	0	0	(120,662)	45

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Not applicable						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$	$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Not applicable								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central offi
or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	First State Bank Mendota		X	Building Construction		6/30/95	$ 1,235,000	$	08/01/2014	5.7500	$ 5,111	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$ 1,235,000	$			$ 5,111	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 1,235,000	$			$ 5,111	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # N/A

* **Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

** **If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2001 report.	*Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and l must accompany the cost report	$ 1,517	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 3,705	2
3. Under or (over) accrual (line 2 minus line 1).		$ 2,188	3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 1,487	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru		$ 3,675	7

Real Estate Tax History

Real Estate Tax Bill for Calendar Year:		
1997	2,748	8
1998	2,862	9
1999	3,097	10
2000	3,368	11
2001	3,706	12

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2001	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Mendota Lutheran Home COUNTY LaSalle

FACILITY IDPH LICENSE NUMBER 0011593

CONTACT PERSON REGARDING THIS REPORT Chris S. Csernus

TELEPHONE 815-539-7439 FAX #: 815-538-3400

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	01-33-232-021	Rental House and Lot	$ 3,193.18	$
2.	FN5-110-30	Oil Well (Gifted to home in bequest)	$ 512.74	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 3,705.92	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 69,665 B. General Construction Type: Exterior Brick Frame Brick & Steel Number of Stories One Story

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization [X] (c) Rent equipment from Completely Unrelated Organization

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's groun (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, et List entity name, type of business, square footage, and number of beds/units available (where applicable

F. Does this cost report reflect any organization or pre-operating costs which are being amortize [X] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: Bond Financing cost $27866 2. Number of Years Over Which it is Being Amortized 19 years

3. Current Period Amortization: 14,149 4. Dates Incurred: Bond Financing Costs 1993 and 1994

Nature of Costs: Bond Financing -To secure and issue bonds for 1994 construction. All remaining bonds were paid off in 2002.
(Attach a complete schedule detailing the total amount of organization and pre-operating costs

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Building Site	63,000	1951 to 1975	$ 82,752	1
2	Building Site	53,760	1993	348,949	2
3	TOTALS	116,760		$ 431,701	3

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dolla

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	14		1962	1964	$ 264,584	$ 4,288	various	$ 4,288	$	$ 262,709	4
5	45		1971	1971	472,968	14,191	various	14,191		464,243	5
6	31		1975	1975	595,519	19,825	various	19,825		536,049	6
7			1976	1976	280,167	9,339	30	9,339		247,477	7
8	43		1995	1995	2,607,338	67,157	40	67,157		486,894	8
	Improvement Type**										
9	Night lights & door alarm			1971	1,244		10			1,244	9
10	Landscaping			1971	6,835		10			6,835	10
11	Bath tub ramp			1972	226		10			226	11
12	North entry alteration			1974	1,207		25			1,207	12
13	Emergency lights			1974	980		10			980	13
14	Emergency lights			1975	626		10			626	14
15	Landscaping			1976	1,086		10			1,086	15
16	Parking lot improvements			1977	3,177		10			3,177	16
17	Sprinkler system			1978	14,160		20			14,160	17
18	Water heater			1984	4,111		15			4,111	18
19	Cove molding			1985	2,457	98	25	98		1,750	19
20	Nurse call lites			1985	2,267		15			2,267	20
21	Heating system rev.			1985	11,343	568	20	568		10,160	21
22	Examination room			1985	5,869	195	30	195		3,443	22
23	Water heater booster			1985	782		15			782	23
24	Air conditioner / furnace			1986	3,552	177	20	177		2,919	24
25	Water heater			1986	773		15			773	25
26	Replace roof			1987	98,780	4,939	20	4,939		77,378	26
27	Phone system			1987	3,811	190	20	190		2,878	27
28	Cupboards			1987	303	16	20	16		236	28
29	Water heater - kitchen			1987	2,805	156	15	156		2,805	29
30	Rebuild elevator			1988	19,381	991	20	991		14,712	30
31	Basement room			1988	529	27	20	27		375	31
32	Egress window			1989	810	32	26	32		420	32
33	Phase monitor			1989	348	18	20	18		232	33
34	Water heater			1989	1,298	81	16	81		1,080	34
35	Soffits and gutters			1989	9,890	381	26	381		5,132	35
36	Total				4,419,676	122,669		122,669		2,158,366	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Water heaters	1989	$ 2,681	$ 167	16	$ 167	$	$ 2,321	37
38	Harris lounge light fixtures	1990	2,089		10			2,089	38
39	Replace roof south unit	1990	33,700	1,685	20	1,685		20,922	39
40	Getz hood	1990	870	44	20	44		565	40
41	Tub room	1990	3,478	116	30	116		1,489	41
42	Code alert system	1990	17,344	1,156	15	1,156		14,836	42
43	Office electrical wiring	1990	1,283	65	20	65		779	43
44	Ceiling in office / lounge	1990	5,181	199	26	199		2,397	44
45	Medication room	1991	18,286	609	30	609		7,318	45
46	Fire alarm system	1991	14,683	735	20	735		8,381	46
47	Doors monitor & nurse call	1991	2,971	198	15	98		2,178	47
48	Water heaters	1991	2,776	185	15	185		2,143	48
49	Shower room remodeling	1991	3,362	112	30	112		1,288	49
50	Black top parking lot	1991	3,180	212	15	212		2,420	50
51	Fire door in serving window	1993	3,373	210	16	210		2,233	51
52	Air conditioner compressor	1993	2,482	248	10	248		2,315	52
53	Air conditioner compressor	1993	2,072	138	10	138		1,300	53
54	Radiator covers	1993	6,405	320	20	320		3,041	54
55	Parking lot improvements	1994	1,962	197	10	197		1,781	55
56	Renovation of south unit	1994	4,551	228	20	228		1,956	56
57	Cross connectin corrections	1994	10,878	544	20	544		4,624	57
58	Parking lot	1994	141,458	9,430	15	9,430		77,018	58
59	Pressure back flow device	1995	5,567	223	25	223		1,746	59
60	South unit - laundry remodeling	1995	9,165	458	20	458		3,347	60
61	Landscaping	1996	2,841	284	10	284		2,057	61
62	Fence - west wing	1996	2,288	286	8	286		2,074	62
63	Water heater	1996	1,208	81	15	81		557	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 4,725,810	$ 140,799		$ 140,799	$	$ 2,331,543	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 4,725,810	$ 140,799		$ 140,799	$	$ 2,331,543	1
2	Lights in office	1996	2,632	132	20	132		912	2
3	2' water meter - west wing	1996	895	44	20	132		303	3
4	Light fixtures upstairs	1996	1,168	59	20	59		389	4
5	Vent in oxygen storage room	1996	685	45	15	45		304	5
6	Light fixture - dining room	1996	2,919	146	20	146		961	6
7	Ceiling tile - dining room	1996	982	66	15	66		425	7
8	Lights - rooms & halls center unit	1997	27,704	2,771	10	2,771		16,161	8
9	9Zonline heater/air conditioner	1997	6,299	630	10	630		3,412	9
10	Remodel/refurbish rooms & hal	1997	50,949	3,396	15	3,396		17,266	10
11	Fire annunciator pane	1997	2,718	182	15	182		921	11
12	Remodel nurses station	1997	13,762	918	15	918		4,587	12
13	Lights - rooms & hall north unit	1997	18,469	1,847	10	1,847		10,774	13
14	Water heater	1997	4,210	280	15	280		1,473	14
15	Remodel refurbish rooms & hall north uni	1997	53,073	3,539	15	3,539		17,986	15
16	Fire annunciator pane	1997	2,717	182	15	182		921	16
17	Windows & ceiling tile	1997	3,261	163	20	163		897	17
18	Corner guards	1997	473	47	10	47		271	18
19	Landscape garage	1997	200	20	10	20		110	19
20	Handicap sidewalk pad	1997	1,242	82	15	82		449	20
21	Garage for van	1997	19,744	988	20	988		5,347	21
22	Petroleum tank removal	1998	6,656	444	15	444		2,146	22
23	Windows south unit	1998	10,393	1,039	10	1,039		4,676	23
24	Windows & doors center unit	1998	9,632	963	10	963		4,334	24
25	Lights , handrails & carpet	1998	16,378	1,637	10	1,637		7,370	25
26	New roof	1998	151,886	15,188	10	15,188		68,349	26
27	Code alert system	1998	35,360	3,536	10	3,536		15,912	27
28	Smoke alarms	1998	4,718	471	10	471		2,123	28
29	Fire alarm systems upgrade	1998	6,902	691	10	691		3,106	29
30	Air conditioners	1998	6,299	630	10	630		2,835	30
31	Water heater - west wing	1998	4,197	279	15	279		1,259	31
32	Light north unit	1998	4,061	406	10	406		1,827	32
33	Water Softner - west wing	1998	6,213	622	10	622		2,796	33
34	TOTAL (lines 1 thru 33)		$ 5,202,607	$ 182,242		$ 182,242	$	$ 2,532,145	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 5,202,607	$ 182,242		$ 182,242	$	$ 2,532,145	1
2	Outdoor wiring & installation	1999	10,529	527	20	527		2,018	2
3	Firesafing drywall	1999	27,134	1,809	15	1,809		6,331	3
4	Air conditioners	1999	1,899	190	10	190		665	4
5	Computer wiring	1999	2,154	107	20	107		350	5
6	Cabinet & Carpentry work	1999	10,239	682	15	682		2,389	6
7	Plumbing campbell lounge	1999	3,287	164	20	164		576	7
8	Electrical fixtures campbell loung	1999	1,014	101	10	101		354	8
9	New drains south unit	2000	3,159	158	20	158		395	9
10	Water heater center uni	2000	7,933	793	10	793		1,983	10
11	Water heaters & plumbing	2000	2,141	214	10	214		535	11
12	Water valve west wing	2000	1,027	51	20	51		136	12
13	Roof replacement north unit	2001	167,190	8,359	20	8,359		9,056	13
14	Water heater north uni	2001	4,298	430	10	430		645	14
15	Replace faucets north unit	2001	3,162	316	10	316		474	15
16	Sign	2001	2,010	201	10	201		301	16
17	Admin renovation & computer room	2001	2,337	234	10	234		351	17
18	Remodeling assisted living area	2001	77,634	3,882	20	3,882		6,978	18
19	Remodeling assisted living area	2001	36,991	3,699	10	3,699		5,549	19
20	Water heater	2001	382	38	10	38		57	20
21	Central wing lounge expansion	2001	56,596	2,830	20	2,830		3,773	21
22	Install eyewash station	2001	1,962	196	10	196		294	22
23	Building construction - continued from page 12	1983	65,250	2,175	30	2,175		43,500	23
24	Bathroom flooring	2002	2,127	106	10	106		106	24
25	Remodeling & repair	2002	4,053	203	10	203		203	25
26	Roof top heating/cooling unit	2002	4,445	222	10	222		222	26
27	Dirt & seeding	2002	1,000	50	10	50		50	27
28	Water heater	2002	4,505	225	10	225		225	28
29	Landscaping	2002	6,822	142	20	142		142	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,713,887	$ 210,346		$ 210,346	$	$ 2,619,803	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Numbe: Mendota Lutheran Hom # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instruction

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 778,661	$ 71,923	$ 71,923	$		$ 432,153	71
72	Current Year Purchases	59,645	4,046	4,046			4,046	72
73	Fully Depreciated Assets	307,151	1,907	1,907			307,151	73
74								74
75	TOTALS	$ 1,145,457	$ 77,876	$ 77,876	$		$ 743,350	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident van	1993 Ford 8 Passenger Van	1993	$ 38,350	$	$	$	5	$ 38,350	76
77	Resident van	1998 Dodge Caravan SE	1999	16,593	4,146	4,146		4	14,511	77
78										78
79										79
80	TOTALS			$ 54,943	$ 4,146	$ 4,146	$		$ 52,861	80

E. Summary of Care-Related Asset

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 7,345,988	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 292,368	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 292,368	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,416,014	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions

	1 Description & Year Acquirec	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	House & Lot 5/15/90	$ 55,710	$ 1,932	$ 24,460	86
87	Tree of Life1995	10,561	264	1,956	87
88					88
89					89
90					90
91	TOTALS	$ 66,271	$ 2,196	$ 26,416	91

G. Construction-in-Progres

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: None

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions				$			4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2003	$
13.	/2004	$
14.	/2005	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ 8,954 Description: Four MITA copiers are lesed from Modern Business Systems, Ottawa.
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	None		$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facilit

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [X] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training wa not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [X]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER AIDE 85

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [X]
- IN OTHER FACILITY [ ]
- HOURS PER AIDE 40

B. EXPENSES

ALLOCATION OF COSTS (d)

		1 Facility Drop-outs	2 Facility Completed	3 Contract	4 Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies	183	1,891	427	2,501
3	Classroom Wages (a)		4,696		4,696
4	Clinical Wages (b)		2,210		2,210
5	In-House Trainer Wages (c)	2,027	20,943	4,729	27,699
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests	150	1,550	350	2,050
9	TOTALS	$ 2,360	$ 31,290	$ 5,506	$ 39,156
10	SUM OF line 9, col. 1 and 2 (e)	$ 33,650			

C. CONTRACTUAL INCOME

In the box below record the amount of income you facility received training aides from other facilities

$ 2,800

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	31
2. From other facilities (f)	7
DROP-OUTS	
1. From this facility	3
2. From other facilities (f)	
TOTAL TRAINED	41

(a) Include wages paid during the classroom portion of training. Do not include fringe benefit
(b) Include wages paid during the clinical portion of training. Do not include fringe benefit
(c) For in-house training programs only. Do not include fringe benefit
(d) Allocate based on if the aide is from your facility or is being contracted to be trained i your facility. Drop-out costs can only be for costs incurred by your own aides
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8
(f) Attach a schedule of the facility names and addresse of those facilities for which you trained aides

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$		$	$		$	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be lis on this schedule.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/02 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 815,533	$	1
2	Cash-Patient Deposits	3,288		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	240,578		3
4	Supply Inventory (priced at COST)	50,642		4
5	Short-Term Investments			5
6	Prepaid Insurance	70,694		6
7	Other Prepaid Expenses	2,926		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): INTEREST RECEIVABLE	8,551		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,192,212	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,825,227		12
13	Land	437,201		13
14	Buildings, at Historical Cost	5,774,659		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,200,390		16
17	Accumulated Depreciation (book methods)	(3,442,430)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,795,047	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,987,259	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 104,662	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,288		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	203,187		30
31	Accrued Taxes Payable (excluding real estate taxes)	11,126		31
32	Accrued Real Estate Taxes(Sch.IX-B)	1,487		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 323,750	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 323,750	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 6,663,509	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 6,987,259	$	48

***(See instructions.)**

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 6,671,185	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 6,671,185	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(7,676)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (7,676)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 6,663,509	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Car	$ 4,751,512	1
2	Discounts and Allowances for all Level	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,751,512	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,729	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 5,729	8
	C. Other Operating Revenue		
9	Payments for Educatior		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursement	12,365	11
12	Gift and Coffee Shop	4,456	12
13	Barber and Beauty Care	28,085	13
14	Non-Patient Meals	8,011	14
15	Telephone, Television and Radic		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patient		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 52,917	23
	D. Non-Operating Revenue		
24	Contributions	302,053	24
25	Interest and Other Investment Income**	48,015	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 350,068	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other revenue	32,786	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 32,786	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,193,012	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,124,028	31
32	Health Care	2,740,261	32
33	General Administratior	909,587	33
	B. Capital Expense		
34	Ownership	331,049	34
	C. Ancillary Expense		
35	Special Cost Centers	30,610	35
36	Provider Participation Fee	65,153	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,200,688	40
41	**Income before Income Taxes (line 30 minus line 40)****	(7,676)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (7,676)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,920	2,080	$ 47,205	$ 22.69	1
2	Assistant Director of Nursing	1,920	2,080	42,162	20.27	2
3	Registered Nurses	18,503	20,470	376,862	18.41	3
4	Licensed Practical Nurses	15,780	17,251	289,648	16.79	4
5	Nurse Aides & Orderlies	113,575	124,855	1,245,594	9.98	5
6	Nurse Aide Trainees	1,022	1,031	6,906	6.70	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,859	4,327	62,829	14.52	8
9	Activity Director	1,933	2,154	21,606	10.03	9
10	Activity Assistants	12,683	13,914	94,845	6.82	10
11	Social Service Worker	5,485	6,160	51,500	8.36	11
12	Dietician					12
13	Food Service Supervisor	1,960	2,080	27,685	13.31	13
14	Head Cook	9,003	9,879	82,888	8.39	14
15	Cook Helpers/Assistants	20,934	22,474	158,438	7.05	15
16	Dishwashers	3,174	3,316	21,652	6.53	16
17	Maintenance Worker	5,559	5,778	66,045	11.43	17
18	Housekeepers	14,017	15,203	114,019	7.50	18
19	Laundry	9,779	10,517	76,034	7.23	19
20	Administrator	1,980	2,080	75,020	36.07	20
21	Assistant Administrator					21
22	Other Administrative	1,920	2,080	35,747	17.19	22
23	Office Manager					23
24	Clerical	10,302	10,928	99,883	9.14	24
25	Vocational Instruction	1,423	1,614	27,699	17.16	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	5,993	6,829	101,745	14.90	31
32	Other Health Care(specify)					32
33	Other(specify)	461	461	8,346	18.10	33
34	TOTAL (lines 1 - 33)	263,185	287,561	$ 3,134,358 *	$ 10.90	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	194	$ 7,966	Ln1 Col 3	35
36	Medical Director	100	9,000	Ln 9 Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant	28	1,416	Ln 10 Col 3	38
39	Pharmacist Consultant	200	3,600	Ln 10 Col 3	39
40	Physical Therapy Consultant	48	2,475	Ln 10 Col 3	40
41	Occupational Therapy Consultan	27	1,338	Ln 10 Col 3	41
42	Respiratory Therapy Consultan				42
43	Speech Therapy Consultant				43
44	Activity Consultant	10	583	Ln 11 Col 3	44
45	Social Service Consultant	16	1,019	Ln 12 Col 3	45
46	Other(specify) Nursing Aide Trainin	6	90	Ln 13 Col 3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	629	$ 27,487		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	2,506	$ 112,896	Ln 10 Col 3	50
51	Licensed Practical Nurses	1,808	60,008	Ln 10 Col 3	51
52	Nurse Aides	1,221	25,881	Ln 10 Col 3	52
53	TOTAL (lines 50 - 52)	5,535	$ 198,785		53

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Chris S. Csernus	Administrator		$ 75,020
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.			$ 75,020

B. Administrative - Other

Description	Amount
Life Services Network Satisfaction Survey	$ 481
Quick Care System -Financial Support	1,293
TOTAL (agree to Schedule V, line 17, col. 3)	$ 1,774
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Brown's Piano Service	Piano	$ 130
1st State Bank	Account analysis	999
Duane, Morris & Hecksher, LLP	Legal	1,800
Lindgren Callihan Van Osdol	Audit	8,000
Terry's Computer Shack	Computer Consultant	3,321
Bokus & Echols	Reporting & support	4,150
Aplington Kaufman McClintock	Legal	113
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 18,513

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 84,603
Unemployment Compensation Insurance	
FICA Taxes	237,585
Employee Health Insurance	171,461
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employer physicals	2,115
Employer share 401K pension	29,757
Wprkers Comp Audi	(1,839)
Employee Fu Shots	(340)
TOTAL (agree to Schedule V, line 22, col.8)	$ 523,342

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 59
Advertising: Employee Recruitment	8,715
Health Care Worker Background Check	672
(Indicate # of checks performed 56)	
Subscriptions	2,361
Membership dues	6,882
Bank charges	436
Public Relations Adv & Printing	19,061
Less: Public Relations Expense	(9,382)
Non-allowable advertising	(9,645)
Yellow page advertising	(486)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 18,673

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
Reimburse auto mileage - employees	
for local travel required by home	375
In-State Travel	5,198
Seminar Expense	4,060
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 9,633

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1	Paint & Paper activity	6/1997	$ 633	5	$ 127	$ 127	$ 127	$ 51	$	$	$	$	$
2	Decorate dining room	11/1997	303	5	61	61	61	49					
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 936		$ 188	$ 188	$ 188	$ 100	$	$	$	$	$

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/02 Ending: 12/31/02

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union **NO**

(2) Are there any dues to nursing home associations included on the cost repor **Yes**
If YES, give association name and amount **see schedule**

(3) Did the nursing home make political contributions or payments to a politic
action organization? **No** If YES, have these cost
been properly adjusted out of the cost report

(4) Does the bed capacity of the building differ from the number of beds licensed at t
end of the fiscal year **No** If YES, what is the capacity

(5) Have you properly capitalized all major repairs and equipment purchases **Yes**
What was the average life used for new equipment added during this perio **10 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expen
and the location of this expense on Sch. V. **42,996** Line **10 col 2**

(7) Have all costs reported on this form been determined using accounting procedur
consistent with prior reports **Yes** If NO, attach a complete explanation

(8) Are you presently operating under a sale and leaseback arrangement **No**
If YES, give effective date of leas

(9) Are you presently operating under a sublease agreement YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions f
Schedule VII)? YES NO **X** If YES, please indicate name of the facility
IDPH license number of this related party and the date the present owners took ov

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Departme
of Public Aid during this cost report period. **65,153**
This amount is to be recorded on line 42 of Schedule V

(12) Are there any salary costs which have been allocated to more than one line on Schedule
for an individual employee **Yes** If YES, attach an explanation of the allocation

(13) Have costs for all supplies and services which are of the type that can be billed
the Department of Public Aid, in addition to the daily rate, been properly classifi
in the Ancillary Section of Schedule V **Yes**

(14) Is a portion of the building used for any function other than long term care services f
the patient census listed on page 2, Section B **No** For example,
is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attac
a schedule which explains how all related costs were allocated to these functior

(15) Indicate the cost of employee meals that has been reclassified to employee benef
on Schedule V. $ **None** Has any meal income been offset agains
related costs? **Yes** Indicate the amount $ **9,859**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel **No**
If YES, attach a complete explanation
b. Do you have a separate contract with the Department to provide medical transportation f
residents? **No** If YES, please indicate the amount of income earned from such
program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patient **100%**
d. Have vehicle usage logs been maintained **Yes**
e. Are all vehicles stored at the nursing home during the night and all oth
times when not in use **Yes**
f. Has the cost for commuting or other personal use of autos been adjust
out of the cost report **N/A**
g. Does the facility transport residents to and from day training **No**
Indicate the amount of income earned from providing suc
transportation during this reporting period $ **None**

(17) Has an audit been performed by an independent certified public accounting firm **Yes**
Firm Name: **Lindgren, Callihan, VanOsdek & Co., Ltd** The instructions for the
cost report require that a copy of this audit be included with the cost report. Has this co
been attached? **Yes** If no, please explain

(18) Have all costs which do not relate to the provision of long term care been adjusted o
out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of servic
performed been attached to this cost report **N/A**
Attach invoices and a summary of services for all architect and appraisal fee

IDPH Facility ID Number 11593 Mendota Lutheran Home Report Period 01/01/02 -12/31/02

Schedule V - Cost Center Expense Reclassifications

Line No.	Operating Expense	Reason	Amount
6	Maintenance	Maint. Contract included in Rental Equip. Costs	4596
35	Ownership	Maint. Contract included in Rental Equip. Costs	-4596

Schedule XIII (f) Expenses Relating to Nurse Aid Training

Nurses aides trained at our facility for other homes:

Shabbona Health Care Center 409 West Comanche Ave., Shabbona, IL 60550

Walnut Manor 308 S. Second St., Walnut, IL 61376

Hawthorne Retirement 1101 31st Street, Peru IL 61354

Item e: The cost of dropouts & completed costs for home trained aides does not agree with Sch V, line 13 col 8 because the home receives reimbursement from the IDPA for in house training of nurses aides. See schedule XVII for total Nurses Aide training. reimbursements of $12,365.

IDPH Facility ID Number 11593 Mendota Lutheran Home Report Period 01/01/02-12/31/02

Schedule XVII Income Statement - Schedule E line 28 - Other Revenu

	offset to expense		
Van Useage income	Page 3	Line 14	1,474
Employee meals	Page 3	Line 1 & 2	9,859
Workers Compensation Ins. Audit Refund	Page 3	Line 22	1,839
Employee Flu shots	Page 3	Line 22	340
Copy charges & rebate	Page 3	Line 21	112
Supply Expense Reimbursement	Page 3	Line 10	7,936
Vending Machine income			1,837
Rental property income			9,200
Recycling Proceeds			189
Total Other Income			32,786

Schedule XIX - Support Schedules Travel & Seminar Exp - Item G refer to page 27 & 28

Schedule XX - General Information

Question 12 - Schedule of Allocation of Salaries refer to page 26

Schedule XII - Rental Costs

Detail of leased equipment

MITA 3060 G Copy machine	$2,220 plus copies
MITA CS1435 Copy machine	$780 plus copies
MITA 1460 Copy machine	$882 plus copies
MITA 1470 Copy machine	$882 plus copies

Copy machines are leased from:
Modern Business Services
PO Box 754
Ottawa IL 61350

Schedule XX - General Information - Question 2

Life Services Network	$5,600
Employers Association	$410
Mendota Chamber of Commerce	$420